

E56

Oncologic safety of laparoscopic radical cholecystectomy in pT2 gallbladder cancer: a comparative analysis between the laparoscopic and open approaches

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Purpose:

The role of laparoscopic radical cholecystectomy in the surgical management of T2 gallbladder carcinoma is still controversial. However, as long as the oncologic principles of open surgery are followed, laparoscopic radical cholecystectomy is potentially applicable in T2 gallbladder cancer. Thus, we investigated the short-term and long-term oncologic outcomes of patients with T2 gallbladder cancer who underwent laparoscopic radical cholecystectomy and open radical cholecystectomy

Methods:

The medical records of 183 patients who underwent radical cholecystectomy (open or laparoscopic) were retrospectively reviewed. The preoperative, intraoperative, postoperative, and pathologic records, as well as long-term survival were compared and analyzed.

Results:

Among 183 patients, 55 underwent laparoscopic radical cholecystectomy and 128 underwent open radical cholecystectomy. The laparoscopic group had a shorter length of hospital stay (5.87 ± 8.85 vs. 14.80 ± 13.36 days, $p = 0.0001$) and fewer postoperative complications such as chyle leak, bile leak, and intra-abdominal infections ($p = 0.043$). The overall 5-year disease-free survival and disease-specific survival rates of patients with T2 gallbladder carcinoma after radical cholecystectomy were 82.4% and 73.4%, respectively. There was no significant difference between the laparoscopic and open surgery groups in terms of disease-specific survival rate (65.6% vs. 76.4%, $p = 0.629$) and disease-free survival rate (79.3% vs. 84.0%, $p = 0.448$).

Conclusion:

Laparoscopic radical cholecystectomy is safe and effective, with an oncologic long-term survival comparable to that of open radical cholecystectomy